



# NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS, OR TO DEMOLISH

This form will be considered incomplete until all information is supplied below. If any changes are made after the notification is logged with the Agency, an amendment must be filed before work begins or continues. See other side for assistance in completing this form.

OFFICE USE: PROJECT # \_\_\_\_\_ Fee Rec'd \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_

I. OPERATION CATEGORY	ADVANCED NOTIFICATION PERIOD REQUIRED	FEE
<input checked="" type="checkbox"/> All Demolition Projects	10 working days	\$11
<input type="checkbox"/> Residential Asbestos Project	10 working days	\$11
<input type="checkbox"/> Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 working days	\$142
<input checked="" type="checkbox"/> Asbestos Project: 260 to 999 lf or 160 to 4,999 sf	10 working days	\$283
<input type="checkbox"/> Asbestos Project: 1,000 to 9,999 lf or 5,000 to 49,999 sf	10 working days	\$567
<input type="checkbox"/> Asbestos Project: more than 10,000 lf or more than 50000 sf	10 working days	\$1699
<input type="checkbox"/> Amendments for Project # _____	Prior Notification	Res. \$27 / Others \$57
<input type="checkbox"/> Annual Notification	10 working days	\$1699
<input type="checkbox"/> All Emergencies	Prior Notification	Res. \$57 / Others 2x Fee
<input type="checkbox"/> All Alternate Methods	10 working days	2x Fee

## II. CONTRACTOR

Contractor's Name: CH2M Hill Plateau Remediation Contractor Certification # \_\_\_\_\_

Address: 2420 Stevens Drive Richland WA 99354  
Street City State Zip

Contact: Deanna Klages Title: Point of Contact Phone: (509) 373-6312

## III. JOB SITE

Property Owner: United States Department of Energy, Richland Field Office Phone: (509) 376-2347

Address: 815 Jadwin Avenue Richland WA 99352  
Street City State Zip

Name of Job Site: MO729 and MO387 Trailers

Address: 200 West Area, Hanford Site Richland WA 99354  
Street City State Zip

Building/Room Where  
 Job Will Occur: MO729 and MO387 Trailers

Site Contact: Mike Stevens Title: Project Manager Phone: (509) 372-9078

## IV. Asbestos "good faith survey" has been conducted? ☒ YES ☐ NO. By whom? Russ Smith

Type(s) of asbestos present, if any (Friable, Category I, Category II): Category II

## V. Start Date of Removal: February 2, 2009 Date of Completion: September 30, 2009

Approximate Amount of Asbestos to be Removed: \_\_\_\_\_ Linear Feet 320 Square Feet

Method of Removal and Work Plan Specifications: (Attach description if more room is needed)

Trailer Demolitions: ACM will be demolished with structures. Structures and area where demolition will occur will be wetted for dust suppression, as needed. Fixative may also be used on debris for dust suppression during demolition and waste loading. Traditional demolition and loading equipment will be utilized.

## VI. Name of Disposal Site: Basin Disposal, Inc. Phone: (509) 547-2476

Deanna P. Klages 01/20/09  
Your Signature Date

Approval: BCAA [Signature] Date: 20 Feb 09

# ADDENDUM TO BCAA "NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS"

1. TYPE OF NOTIFICATION (O = Original / R = Revised): ☐ (D - Demolition / R = Renovation): ☐

**FOR EMERGENCY RENOVATIONS FILL OUT THE REST OF THIS SECTION, OTHERWISE GO TO 2.**

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

## 2. FACILITY INFORMATION

Operator: CH2M Hill Plateau Remediation Street Address: 2420 Stevens Drive  
Richland, Washington 99352 Contact: Deanna Klages Tel:  
BUILDING SIZE Sq. Meter: Sq. Ft.: 320 No. of Floors: 1 Age in Years: >10  
Present Use: Office Trailers and Storage Prior Use: Office Trailers and Storage

3. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:  
Mastic under floor tile was similar to mastic tested for other trailers which were tested using electron microscopy.

4. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
All work will be stopped and the area placed in a safe configuration. Notifications will be made.

5. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: 02/02/09 Completion: 09/30/09

6. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Trailer Demolitions: See NOI for activity description.

## 7. WASTE TRANSPORTER (Attach another sheet if there are two transporters)

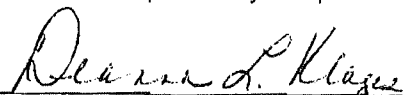
Name: CH2M Hill Plateau Remediation  
Address: 2420 Stevens Drive  
City: Richland State: WA Zip: 99354  
Contact Person: Mike Stevens Telephone: 372-9078

8. LOCATION OF WASTE DISPOSAL SITE Address: 2021 Commercial Avenue  
City: Pasco State: WA Zip: 99302

9. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT BELOW.

	Nonfriable Asbestos Material Not to be Removed Before Demolition	
	RACM to be Removed	Cat I Cat II
Pipes - Linear Meters (Linear Feet)	See V. of BCAA Form	
Surface Area - Square Meters (Square Feet)	See V. of BCAA Form	320
Volume RACM Off Facility Component - Cubic Meter		

10. I certify that an individual trained in the provisions of (40 CFR 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

  
(Signature of Owner/Operator)

01/20/09  
(Date)